

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3174

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>85 ARUNDEL</u>		d. STREET ADDRESS (If rural, give location) <u>85 ARUNDEL</u>	

3. NAME OF DECEASED (Type or Print) <u>MOE D. LEVY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 29, 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>May 9, 1895</u>
9. AGE (In years last birthday) <u>55</u>		10. IF UNDER 1 YEAR <u>7</u> Months	11. IF UNDER 1 YEAR <u>20</u> Hours
10a. USUAL OCCUPATION (Give kind of work including part of work, even if retired) <u>RETIRED MFG.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNIFORM</u>	
11. BIRTHPLACE (State or foreign country) <u>QUINCY, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>ALFRED J. LEVY</u>	13b. MOTHER'S MAIDEN NAME <u>GUSSIE JACOBS</u>	14. NAME OF HUSBAND OR WIFE <u>DOROTHY WEIL LEVY</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W. W. I</u>	16. SOCIAL SECURITY NO. <u>W. W. I</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. M. D. LEVY - 85 ARUNDEL</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Four gunshot wounds of chest</u> <u>Shot self after shooting som.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clayton St. Louis Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12/29/50 7:30A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Self inflicted gunshot wounds</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest J. Willmann</u> (Degree or title) <u>Coroner 3</u>	23b. ADDRESS <u>Clayton, Mo.</u>	23c. DATE SIGNED <u>12-30-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12/31/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. SINAI CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>		

DATE REC'D BY LOCAL REG. <u>12/31/50</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Bonta</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>5216 Delmar</u>
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APR 21 1957

MAR 20 1957

JAN 19 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

John Kotter

Licensed Embalmer No. 3880

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.